File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 OCT 18 AM 10: 11

COMMITTEE NAME (Must be same as on Statement of Organ	ization)			
Arp for Supervisor	,		FORM	
IMPORTANT: Indicate by # type of committee you are reporting for:			DR-2	DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate	State PAC (3)State Party		Rev. 12/2009)	REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Bo	ite (7)School Board or Other Politica ard or Other Political Subdivision PAC	" (Ē	or Office Use On	ly.
11) Local Ballot Issue				·
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)			
Richard Arp	Democrat	1 1		
Office Sought District Supervisor - Tama Co.				
Late reports are subject to possible civil and criminal penalties. Pursu candidate's committee, and the chairperson, for any other type of cor	ant to lowa Code sections 688 324	.(7) and 68/ e for filing ti	A.401(3), the car mely and accura	ididate, for a te reports.
Richard Par	319-476-3460		Det. 15,	2010
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	<u>C</u>	DATE SI	
IAM FILINGA October 19, 2010	DEDART FOR (4) EL FORMAN			
(report date)	REPORT FOR (1) ELECTION Indicate by:		ELECTION YEA	AR.
` ' '	indicate by	* []		
CHECK IF AMENDMENT TO REPORT DATED			mittees, enter Dat	
☐ Check if this is final (termination) report and attach Notice of [Dissolution Form DR-3.		ocal Committees,	
(You must continue to file reports until a DR-3 is filed.)		which Elect	ion is held	enter County in
			, , ,	7 / VI 1
	l		/ / .	7/11+
STATEMENT OF CASH ON HAND	l		/ / .	77917
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case	sh on hand at the end			D,00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	sh on hand at the end			D,00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD	sh on hand at the end report filed.)	\$		0,00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule	sh on hand at the end report filed.)	\$		D,00 195
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F)	sh on hand at the end report filed.) A) (*also see in-kind below)	\$		0,00
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For	Instructions,	See	Back	of	Form
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Reset Form

SCHEDULE Α (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED	(if applicable)	TO WILL THE TIEBLESS OF SOM THE STORY	TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	T 0 11-00 121000 D.			INCOME
2-13 6	0101 50 1	Ted Hall 1317 Chomes Druis	-	\$ 20	
5-15-10	ск# 3941	Tama toua 52339		00	L
	ID#	Sun Sout 3289 PAve,	,		
4-17-10	ск# 78-94	Lacy Samb 3289 Ave, Chelsen, Fora 52215		30	L
	ID#	Pon Wacha 1704 State St.	N		
5-5-10	CV#			25	-
	ск# 3733	Tana, Fara 52339		<i>J</i>	
Cada	ID#	Keith Bader.		\ \ \	
8-27-10	CK#Cash	Dyract Iona 52224		20	
<i>C</i> 1 <i>C</i>	ID#	Marne Chilesake 205-5-th	,		
9-18-10	ск# 545	Maine Chalypoky, 205-5-the Elberon Lova 5 2225	-	50	
	10#	D 1 121/20 20 15/20			
9-20-10	ск# 918-3	Jougan Vostal 2457-220 8.		50	
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	CK#				
			SUB-TOTAL	. 195	

TOTAL (if last page of this schedule)

⁽for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset	Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

	COMMITTEE	ENAME (Must be s	same as on Statement of Organization) UPERU(507		
	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	5 26-10	CK#Counter		advertisement	\$ 70,44
Ĺ	7-20-10		MoCo Creations Traer, Iowa 50675	Postcards	333 æ
	9-17-10		USPost Office Clutier to 53217	Stampo	28.00
	9-17-10		Traer Star Clippor Traer, Lova 50675	advortisement	70,44
	9-30-10		Farmers Coop Telephone Co. Dysart, Iona 52224	ad facable tr	20.50
	9-30-10		Traer Star Clipper Traer, Lova 50675	advertisement	/38,00
		ID# CK#			
		ID# CK#			
				SUB-TOTAL	\$ / (1) 38

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page	 !	of	 <u></u>

TOTAL (if last page of this schedule)

1 /1 -	t be same as on Statement of Organization) L Supervisor		(Rev. 02/08) RE	OANS CEIVED REPAID
NOTE: This schedule rep TOTAL UNPAID LOANS	CHECK THIS BOX IF AMENDING FORM			
PART I - MONETARY LO (Original source	DANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from candid	late's personal funds.,)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT OF LO	AN
	(Include Endorser's Name, If Applicable)	OANDIDATE (II Applicable	']	ı

TOTAL (PART I)

Se15

Se15

\$ 1,100

100

500

PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

11

11

08-03-10

09-20-10

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II)	\$
From Schedule E - TOTAL LOANS FORGIVEN	\$
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	\$_1,100

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the

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	"To a Colon de de la	